



2015 * NEVADA PREPAID TUITION OPEN ENROLLMENT FORM

1. Complete all sections of the Open Enrollment Form after reading the Program Description & Master Agreement. If you need additional information call toll free 1-888-477-2667 or visit our website: NVPrepaid.gov.
2. A separate enrollment form and one-time **non-refundable \$100.00 enrollment fee** must be submitted for each child. Your open enrollment form will not be accepted without this fee.
3. Send completed forms, enrollment fees, optional down payment (minimum \$1,000 if chosen), and any additional payments to: Nevada Prepaid Tuition Program, Enrollment Processing: 555 E. Washington Ave., Suite 4600, Las Vegas, NV 89101. Payments should be made payable to: Nevada Prepaid Tuition Program. If you choose to pay by credit card or electronic transfer, complete Section VII.
4. **Enrollment forms must be postmarked by February 28, 2015 to enroll in 2015 open enrollment period at published 2015 pricing. Enrollment forms for Newborns less than one year old at time of enrollment will be accepted until June 30, 2015.**

SECTION I. Purchaser Information

Please complete the following information about yourself, the person purchasing the Nevada Prepaid Tuition Program contract. The Purchaser is the owner of the contract and must meet the qualifications of a Purchaser in the Master Agreement. (If the contract is canceled, the Purchaser is entitled to any refund).

PURCHASER NAME ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

Last

First

M.I.

If Purchaser is an organization, please indicate type: ☐ Corporation ☐ Trust ☐ Non-profit ☐ Foundation ☐ Partnership ☐ Other

Organization Name

HOME ADDRESS

Number and street, including apartment number

CITY

STATE

ZIP CODE

COUNTY (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER OR TAX ID #

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

You must answer "Yes" to at least one of the questions to be eligible to enroll.

Is the Purchaser or Beneficiary a Nevada resident? ☐ Yes ☐ No

If not, does the Purchaser hold a degree or certificate from a Nevada State College, Community College, or University? ☐ Yes ☐ No

How did you learn about the Nevada Prepaid Tuition Program? (Select One)

☐ Friends/Relatives ☐ School Flyer/Banner ☐ Employer ☐ Online Banner ☐ Community Event ☐ Prepaid Website ☐ Print (Magazine/Newspaper)

☐ IF FRIEND OR RELATIVE, List name: _____ ☐ Radio/TV ☐ Other _____

SECTION II. Purchaser Legal Successor Information (Recommended)

The Purchaser Legal Successor rights are limited solely to control of the contract upon the death of the Purchaser. The Purchaser's Legal Successor may receive contract information or make payments, but cannot make any changes to the contract.

NAME ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

Last

First

M.I.

ADDRESS

Number and street, including apartment number

CITY

STATE

ZIP CODE

COUNTY (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER

HOME PHONE

CELL PHONE



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SECTION III. Beneficiary Information

The Beneficiary is the person for whom you are buying the contract. Please complete the following information about him or her. **You must supply the Beneficiary's Social Security Number or your contract will not be accepted.**

NAME

Last

First

M.I.

ADDRESS

Number and street, including apartment number

CITY

STATE

ZIP CODE

COUNTY (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER

HOME PHONE

Sex: ☐ Male ☐ Female

Date of Birth:

Month

Day

Year

Please check Beneficiary's age OR current grade if in school as of **September 30, 2014**. The year in () is the child's projected college entrance year.

- | | | | |
|---|--|--|---|
| 1. <input type="checkbox"/> Newborn (2032) | 5. <input type="checkbox"/> 4 year old (2028) | 9. <input type="checkbox"/> Second (2025) | 13. <input type="checkbox"/> Sixth (2021) |
| 2. <input type="checkbox"/> 1 year old (2031) | 6. <input type="checkbox"/> 5 year old, not in school (2028) | 10. <input type="checkbox"/> Third (2024) | 14. <input type="checkbox"/> Seventh (2020) |
| 3. <input type="checkbox"/> 2 year old (2030) | 7. <input type="checkbox"/> Kindergarten (2027) | 11. <input type="checkbox"/> Fourth (2023) | 15. <input type="checkbox"/> Eighth (2019) |
| 4. <input type="checkbox"/> 3 year old (2029) | 8. <input type="checkbox"/> First (2026) | 12. <input type="checkbox"/> Fifth (2022) | 16. <input type="checkbox"/> Ninth (2018) |

Who is the contract being purchased for? (check one)

1. ☐ Child 2. ☐ Grandchild 3. ☐ Friend 4. ☐ Other _____

SECTION IV. Choice of Tuition Plans

Please indicate the Nevada Prepaid Tuition plan you wish to purchase.

- | | |
|---|--|
| 1. <input type="checkbox"/> 4 Year University Plan: 4 Years University
(120 semester credit hours) | 4. <input type="checkbox"/> Community College Plus University Plan:
2 Years Community College and 2 Years University
(120 semester credit hours) |
| 2. <input type="checkbox"/> 2 Year University Plan: 2 Years University
(60 semester credit hours) | 5. <input type="checkbox"/> 2 Year Community College Plan:
2 Years Community College
(60 semester credit hours) |
| 3. <input type="checkbox"/> 1 Year University Plan: 1 Year University
(30 semester credit hours) | |

SECTION V. Payment Schedule

Please select your payment option and indicate if you are making a down payment. (Note: Down payments are optional, must be a minimum of \$1,000 and must be included with your open enrollment form. You must also choose one of the monthly payment options if you are not making a one time (Lump Sum) payment.

- ☐ Single, Lump Sum ☐ 5 Years/60 months (available for a 7th grade or younger child) ☐ Extended Monthly (pay until high school graduation)
☐ Optional Down Payment Amount of down payment \$_____

If selecting a monthly payment option, indicate your payment preference below:

- ☐ Automated Bank Account Withdrawal (Easiest and most convenient. Available on website) ☐ Manual Coupon Book (a book will be sent to you)
- ☐ Payroll Deduction (choose your current employer from the participating payroll departments below and a form will be sent to you. Contact your payroll office if your employer is not listed below and you are interested in setting up payroll deduction).
- ☐ City of Las Vegas ☐ Douglas County ☐ Greater LVAR ☐ LV Water District ☐ NV Energy
☐ PERS (currently employed by) ☐ Humboldt General Hospital ☐ Lake Tahoe Community College ☐ State of Nevada: Central
☐ State of Nevada: LCB ☐ University of Nevada, Reno



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SECTION VI. General Information Requests: (Optional)

Educational level of the Purchaser (Select highest level completed).

☐ High school graduate ☐ GED ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Ph.D. ☐ Other (specify) _____

Race of Student

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native American ☐ Asian ☐ Other (specify) _____

Annual Family Income

☐ Less than \$20K ☐ \$20K - 29,999 ☐ \$30K - 39,999 ☐ \$40K - 49,999 ☐ \$50K - 79,999 ☐ \$80K - 100K ☐ Over \$100K ☐ Over \$150K

SECTION VII. Authorization

I hereby certify under penalty of perjury that the above information on this open enrollment form is true and accurate to the best of my knowledge. I acknowledge that a substantial fee may apply for contract termination resulting from material misrepresentation on this Nevada Prepaid Tuition Program open enrollment form. By signing below, I agree to all terms and conditions of the Master Agreement and Program Description.

Signature of Purchaser

Please print full name

Date

*Enrollment is open from December 1, 2014 through February 28, 2015. The contract prices shown are based on current actuarial assumptions (such as tuition costs and investment returns). Changes to these assumptions may result in contract adjustments including, but not limited to, shortening the enrollment period and changing or withdrawing contract prices. Notification of such changes will be posted pursuant to NAC 353B.200, as well as on the Treasurer's website at: www.nevadatreasurer.gov.

Pursuant to NRS 353B.130, your contract is not an obligation of the State of Nevada and neither the full faith and credit nor taxing power of the State is pledged directly or indirectly or contingently, morally or otherwise, to the payment of the contract. The Board cannot directly or indirectly or contingently obligate morally or otherwise, the State to levy or pledge any form of taxation whatsoever or to make any appropriation for the payment of the contract.

Credit Card Information (For Payment of Enrollment Fees, Down Payments, and Lump Sum Payments at the time of Enrollment Only).
Per Nevada Revised Statute 353.1467, a payment in the amount of \$10,000 or more must be submitted by electronic transfer. If you choose this option please enter your bank routing # and account # below.

☐ Visa ☐ MasterCard ☐ Discover
Credit Card Number

Month Year
Expiration Date

Card ID (CVV)

Routing # Account #

Account Type: ☐ Checking ☐ Savings

Please check all that are being included with the enrollment form and designate the amount

- ☐ \$100 Enrollment Fee
- ☐ Lump Sum Contract Payment Amount \$ _____
- ☐ Down Payment on Monthly Plans (Optional) (Minimum \$1,000 if checked) Amount \$ _____

Note: Lump sum payments and/or 1st payment on monthly contract plans, are due on May 15, 2015.

Signature of Credit Card Holder/Bank Account Owner

For Office Use Only

☐ \$100 ☐ None Payment \$ _____
☐ Down Payment Amount \$ _____

Check Number _____ / _____ Check Amount _____ / _____
Multiple Forms _____ of _____ Dcode _____ Date _____